



POST-NOTIFICATION

CIC-POST-01

FOR RTOs DELIVERING GENERAL INDUCTION TRAINING IN NSW UNDER THE
NATIONAL CODE OF PRACTICE FOR INDUCTION FOR CONSTRUCTION WORK

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**. Complete all sections or make N/A

A. RTO Details

RTO Name

WorkCover Approval Number

RTO's Contact Phone Number

B. Training Post-Notification Details

Nominated Trainer's Name

Nominated Trainer's Identification Number **TR**

Nominated Trainer's Contact Phone Number

Date of Training (DD MM YYYY)

Actual Start Time

Actual End Time

Total time of all breaks taken

: (24 hour clock)

: (24 hour clock)

: (Duration)

Name of Training Venue (if applicable)

Street No

Street Address

Suburb

State

Postcode

C. Exemption Details

Have you had an exemption approved for this training course? If 'Yes', provide exemption number and brief description.

Exemption number

Brief description of exemption:

D. Declaration

I, the Nominated Trainer recorded in section B, declare that:

- the information provided in sections A, B and C of this form is true and correct in every particular
- training has been conducted in accordance with the WorkCover NSW Administration Guidelines and Code of Conduct For Registered Training Organisations Delivering General Induction Training in NSW under the *National Code of Practice for Induction for Construction Work*.
- The assessments were undertaken using the WorkCover NSW mandated assessment instrument.

Nominated Trainer Signature

Date (DD MM YYYY)

(Date of Declaration)

It is an offence under the Crimes Act 1900 and Occupational Health and Safety Regulation 2001 to make false or misleading statements in this form. Heavy penalties apply.

E. Payment Details

Payment of Course Administration Fee

Please tick the box if you require a receipt for the course payment ☐

Number of Successful Participants x \$20 (\$20 per successful participant) = administration fee payable

Total Administrative Fee Payable \$ (NOTE: Fee is GST exempt)

By Cheque / Money Order

Enclosed is a cheque or money order made payable to **WorkCover NSW**

By Credit Card

Please charge my credit card: ☐ MasterCard ☐ Visa ☐ AMEX

Card Number

Card Expiry Date (MM YYYY)

Cardholder Name

Cardholder Signature

Amount Payable \$

NOTES for submitting this Post-Notification form

What to do now:

- Please use black ink only and print within the boxes in block letters.
- Complete the RTO details, training post-notification details, exemption details (if applicable), payment details and sign the declaration.
- Ensure all course participants complete an *Application for WorkCover NSW Construction Induction* Card form, number CIC-APP-01.
- Retain a copy of this form and the application forms for your training records.
- Calculate the course administration fee (\$20 per successful participant).
- Mail this form, the course administration fee (\$20 per successful participant) and the signed application forms to the below address.

How to submit this form

Please mail this Post-Notification form along with payment and the Application forms for ALL successful participants, within seven (7) calendar days of the completion of the training to the following address:

Licensing Solutions

WorkCover NSW

Locked Bag 2906

LISAROW NSW 2252.

Checklist to be used by the RTO

☐

All applications are completed correctly by the course participants.

☐

All applications have the Statement of Training number entered on the application form.

☐

All application forms are signed by the participants.

☐

Check the number of successful participants equals the number of *Applications for WorkCover NSW Construction Induction* card forms completed.

☐

Cheque/money order enclosed or credit card details completed for **the correct amount**.

Privacy Compliance Statement

Information that is provided to WorkCover NSW may be covered by the *Privacy and Personal Information Protection Act 1998* and WorkCover administered legislation. The information in this application is collected by WorkCover NSW for the purpose of providing you, as an RTO, with approval to deliver general induction training in NSW, in accordance with the requirements of the *Occupational Health and Safety Act 2000* and *Occupational Health and Safety Regulation 2001*.

This information may also be used for the purpose of confirming applicant details as required. This information may also be made available to other State government agencies including the NSW Department of Primary Industries and the Vocational Education and Training Accreditation Board and any other State Training Authority or Commonwealth, State or Territory OHS Regulatory Authority.

Information provided in this form will not be used or disclosed except in accordance with the requirements of the *Privacy and Personal Information Protection Act 1998*.

You may apply to WorkCover to access and correct any information WorkCover holds if that information is inaccurate, incomplete, not relevant or out of date.

Applications should be made in writing to:

Privacy Contact Officer

WorkCover NSW Head Office

Locked Bag 2906

LISAROW NSW 2252